

APPLICATION FOR WORK WITHIN THE CITY RIGHT OF WAY AND ACCESS TO SR 531

*A plot plan of the propose	d access to SR 531 is requir	red as part of the submittal.
Project File Number	Project Name	
Applicant Name		
Contractor	Telephone	Fax
Billing Address		
State Contractors License #		
Insurance Agent	Policy#_	
LOCATION of work to be	performed	
Proposed DATE of complete	tion	
Applicant's Signature Date		
\$250.00 Permit Application inspection fees and/or const		abmittal. In addition, \$120.00 per houred permit is picked up.
	nents. Access may need to b	y and may require revision in the future due be removed, relocated, revised or limited as
For a locate "CALL TWO I	DAYS BEFORE YOU DIG	" 1-800-424-5555
For Department Use Only		
Public Works		
Approved By	Dat	re

Comments	
Community Development	
Approved By	_ Date
Comments	

^{*}Both department approvals required for permit issuance.